

<b>Title</b>	Adverse reactions of the main TB treatments
<b>TB toolbox CODE</b>	DSPu-TB TB ACT-ITL-EFFETS-INDESIRABLES_EN
<b>Date modified</b>	2025-06-01

Medication	Common adverse reactions	Rare but important adverse reactions	Likelihood of hepatitis*	Likelihood of a rash*
Isoniazid (INH)	<ul style="list-style-type: none"> <li>Rash</li> <li>Hepatitis</li> <li>Peripheral neuropathy</li> </ul>	<ul style="list-style-type: none"> <li>Neurotoxicity</li> <li>Anemia</li> <li>Hepatic necrosis</li> </ul>	+++	++
Rifampicin (RMP)	<ul style="list-style-type: none"> <li>Drug interactions</li> <li>Rash</li> <li>Orange urine, tears or sweat</li> <li>Anemia</li> </ul>	<ul style="list-style-type: none"> <li>Hepatitis</li> <li>Influenza-like illness</li> <li>Neutropenia</li> <li>Thrombocytopenia</li> </ul>	++	++++
Pyrazinamide (PZA)	<ul style="list-style-type: none"> <li>Hepatitis</li> <li>Rash</li> <li>Hyperuricemia</li> <li>Arthralgia</li> </ul>	<ul style="list-style-type: none"> <li>Gout</li> </ul>	++++	+++
Ethambutol (EMB)	<ul style="list-style-type: none"> <li>Ocular toxicity (visual acuity, red-green discrimination)</li> </ul>	<ul style="list-style-type: none"> <li>Rash</li> <li>Neurotoxicity</li> <li>GI disorders</li> </ul>	+	+
Fluroquinolone (FQN)	<ul style="list-style-type: none"> <li>Rash</li> </ul>	<ul style="list-style-type: none"> <li>Tendinitis</li> <li>Ruptured tendon</li> <li>Prolonged QT interval</li> </ul>		
Amikacin (AM)	<ul style="list-style-type: none"> <li>Nephrotoxicity</li> <li>Ototoxicity</li> </ul>			
Rifapentine (RPT)	<ul style="list-style-type: none"> <li>Drug interactions</li> <li>Rash</li> <li>Orange urine, tears or sweat</li> <li>Anemia</li> <li>Hypersensitivity reaction</li> </ul>	<ul style="list-style-type: none"> <li>Influenza-like illness</li> <li>Hepatitis</li> <li>Neutropenia</li> <li>Thrombocytopenia</li> </ul>	++	++++

*Drawn from: Gestion par les intervenants de santé publique des cas et de leurs contacts dans la communauté. Guide de pratique professionnelle (INSPQ, 2025).*

\* +++++ = more likely/  
+ = less likely

- INH, RMP, PZA and RPT can trigger hepatic conditions, ranging from a slight asymptomatic increase of transaminases to a fulminant hepatitis.
- These drugs should be temporarily discontinued and the treating physician promptly informed if:
  - an icterus appears;
  - the serum concentration of transaminases (AST or ALT) is 3 times higher than the upper limit of the normal range AND the person is symptomatic;
  - the serum concentration of transaminases (AST or ALT) is 5 times higher than the upper limit of the normal range (with or without symptoms).